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CONFIRMATION NO. 6388

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/634,111	08/04/2003	606	3763	QC-0108 (1502-82)

APPLICANTS

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Office 9/28/07

** CONTINUING DATA *****

** FOREIGN APPLICATIONS ***** 09/28/07

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

10/31/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WA	6	20	3

ADDRESS

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TITLE

Catheter device

FILING FEE RECEIVED 1380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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